

**Order for Restricted License (Class D, M) or Certificate for Driving**  
**Tennessee Department of Safety**  
**Driver Improvement Section**  
**1150 Foster Avenue**  
**Nashville TN 37210**

**Application must be filled out completely, signed and returned to the above address or returned to a Hearing Officer. Faxed copies not accepted**

**Approved applicants must file SR-22 insurance on personal vehicle, pass complete driver examination and pay required fees.**

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NAME	DATE OF BIRTH	TN. DRIVER LICENSE #
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ADDRESS	HOME PHONE #
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Authority: T.C.A. 55-50-331 & 55-50-505

**I. Statement of person applying for restricted license or certificate for driving**

I, \_\_\_\_\_, have submitted the following personal information and statement from my employer/school in presenting my request for a restricted driver license or certificate for driving, that I need to drive to and from my place of employment and/or during the course of my employment or school. I understand that if a restricted license or certificate for driving is issued to me, I will be able only to operate a motor vehicle as stated on my application and that **I MUST KEEP A COPY OF THIS APPLICATION WITH ME AT ALL TIMES.** Furthermore, upon violation of any restriction imposed by this order, I am subject to arrest and withdrawal of my restricted driving privileges. I understand that any changes in my personal or employment/school information require a new application.

**II, IMPORTANT!** The following information must be completed, whereas this and all information on application will be verified.

**1.** Most direct route from residence to employment/school. (Include road names)

\_\_\_\_\_  
\_\_\_\_\_

TOTAL MILEAGE

**III. Supervisor's Statement**

1, Name of Business \_\_\_\_\_ Bus. Phone# \_\_\_\_\_

Address \_\_\_\_\_

2, How long has the applicant been employed with your company? \_\_\_\_\_

What is the employee's schedule: Days \_\_\_\_\_ Hours \_\_\_\_\_

Is it necessary that he/she operate his/her personal motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

Company Motor Vehicle YES \_\_\_ NO \_\_\_ If yes, what type of vehicle \_\_\_\_\_

Describe the driving that is necessary for this employee\_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

**IV. Employer's Insurance Information** (Complete only if driving employer's vehicle)

Name and Address of Insurance company\_\_\_\_\_

Phone #\_\_\_\_\_ Policy Number\_\_\_\_\_

Policy Period: From\_\_\_\_\_ TO\_\_\_\_\_

\_\_\_\_\_  
AGENTS SIGNATURE

\_\_\_\_\_  
DATE

**V. Self-employed Applicant's Statement**

You must submit with this order a written narrative explaining exactly why and when it will be necessary for you to operate a motor Vehicle in the course of employment.

**VI. Educational facility**

If you are attending school, you must submit a copy of your class schedule, along with the record keepers name and telephone number to verify the information.

\_\_\_\_\_  
**FOR DEPARTMENT USE ONLY**

This application has been approved for issuance of a Restricted Driver Improvement Driver's License **or certificate for driving**. The applicant must adhere to all **restrictions** stated on this document.

**RESTRICTIONS:** **Restricted license or certificate for driving valid in the State of Tennessee. Travel outside of Tennessee would require PRE APPROVAL from that State.**

\_\_\_\_\_  
**MUST LIST COMPLETE ROAD DIRECTIONS, TIMES AND DAYS**

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\_\_\_\_\_  
HEARING OFFICER

\_\_\_\_\_  
DATE

**ATTENTION DRIVER EXAMINER: This individual has been authorized to take the driver's test to obtain a restricted driver license or certificate for driving with the restrictions listed above. This application must be signed, dated and stamped by a hearing officer before issuing.**